



Kenya



KEY FACTS

Joined Commonwealth:	1963
Population:	41,610,000 (2011)
GDP per capita growth:	0.4% p.a. 1990–2011
GNI per capita:	US\$820 (2011)
UN HDI 2011 ranking:	143 out of 187 countries
Life expectancy:	57 years (2011)
Under-five mortality rate (per 1,000 live births):	73 (2011)
Maternal mortality ratio – reported (per 100,000 live births):	490 (2007–11)
Maternal mortality ratio – adjusted (per 100,000 live births):	360 (2010)
Largest contribution to mortality:	Communicable diseases, maternal, perinatal and nutritional conditions
HIV prevalence rate for people aged 15–49 years:	6% (2011)
Government health expenditure:	1% of GDP (2009)

General information

Kenya lies astride the equator, extending from the Indian Ocean in the east to Uganda in the west, and from the United Republic of Tanzania in the south to Ethiopia and Sudan in the north. On the east and north-east, it borders Somalia. The country is divided into eight provinces (Central, Coast, Eastern, Nairobi, North-Eastern, Nyanza, Rift Valley and Western).

Climate: The coastal areas are tropical, with monsoon winds. The lowlands are hot and mainly dry. The highlands are much cooler and have four seasons. Nairobi, 1,700 m above sea level, has a mean temperature that ranges from a minimum of 13°C to a maximum of 25°C; Mombasa, on the coast, from a minimum of 23°C to a maximum of 29°C. Rainfall varies from a mean annual 150 mm at Lodwar in the north-west to 1,470 mm at Kisumu, near Lake Victoria in the west. Northern parts of the country were hit by severe floods in the latter part of 2007.

Environment: The most significant issues are water pollution from urban and industrial wastes; degradation of water quality from increased use of pesticides and fertilisers; water hyacinth infestation in Lake Victoria; deforestation; soil erosion; desertification; and poaching.

Population: 41,610,000 (2011), 24% lives in urban areas and 9% in urban agglomerations of more than 1 million people; growth 2.7% p.a. 1990–2011; birth rate 37 per 1,000 people (51 in 1970); life expectancy 57 years (52 in 1970 and 60 in 1990).

The ethnic composition of the population is estimated as: Kikuyu 22%, Luhya 14%, Luo 13%, Kalenjin 12%, Kamba 11%, Kisii 6% and Meru 6%. There are Masai, Arab, Asian and European minorities.

Economy: Kenya is classified as a low-income economy by the World Bank.

Mental health

Morbidity: There is a lack of information concerning common diagnoses of mental illness in Kenya. Neuropsychiatric disorders contributed an estimated 5.7% of the global burden of disease in 2008.

Health systems: The most recent Act relating to mental health in Kenya is the Mental Health Act (1991). Mental health also receives specific mention in general health policy as well as other laws. There is no mental health policy, and the mental health plan was last revised in 1994.

The Mathari Psychiatric Hospital is the country's only mental health inpatient facility and it is institutional in focus. The hospital also provides some outpatient mental health care. People living away from Nairobi have little access to mental health care resources and the burden of care falls on their families.



Kenya Association for Maternal & Neonatal Health

Protecting and promoting the health, welfare and dignity of mothers, children and girls

Kenya Association for Maternal & Neonatal Health (KAMANEH) is a national NGO founded in 1997. It is working towards improving women's and children's access to affordable and quality healthcare services at the community-level, empower mothers and girls, end gender-based violence, fight stigma and promote gender equality for women and girls.

To accomplish these objectives, KAMANEH will in partnership with its members and collaborators, pursue the following goals:

- Strengthen KAMANEH's institutional capacity and human resource development
- Improve the quality and accessibility of maternal and perinatal care services
- Educate families and communities about healthy lifestyles
- Promote continuous development programme for practicing midwives, nurses and other health workers on maternal and child healthcare facilities
- Promote communication and networking among maternal and child health workers
- Promote adolescents' access to sexual and reproductive health information
- Strengthen the welfare capacity of poor mothers
- Prevent and control Malaria, HIV/AIDS and Tuberculosis
- Develop, reprint or translate health education materials into the local languages and facilitate their dissemination

Organisations such as Basic Needs and Kenya Society for the Mentally Handicapped work to improve the provision of mental health care. There is widespread stigmatisation and a traditional understanding of mental health. This means those suffering from mental health problems are often ostracised by families and communities and access to necessary care is impeded by lack of money and transport. Traditional and spiritual healers have, in some areas, been trained to diagnose psychiatric disorders and refer some people on to psychiatric facilities. Between 2006 and 2011, the majority of primary healthcare nurses received official in-service training in mental health.

Health

Child and maternal health: The rate of infant mortality in Kenya was 48 deaths per 1,000 live births in 2011, with an under-five mortality rate of 73 deaths per 1,000 live births. Following a gradual increase in the 1990s, and since peaking in 1999, the under-five mortality rate in Kenya has been decreasing (see Graph 1). Although this decrease is encouraging the under-five mortality rate is still a long way off the country's target of 33 deaths per 1,000 live births, as defined by Millennium Development Goal 4 (MDG 4). In 2010 the three most prominent causes of death for children below the age of five years were pneumonia (17%), prematurity (15%) and birth asphyxia (11%). Other contributory causes were diarrhoea (9%), HIV/AIDS and neonatal sepsis (both 7%). In the period 2007–11 Kenya had a reported maternal mortality ratio of 490 deaths per 100,000 live births (this figure was estimated at 360 deaths per 100,000 by UN agencies/World Bank in 2010).

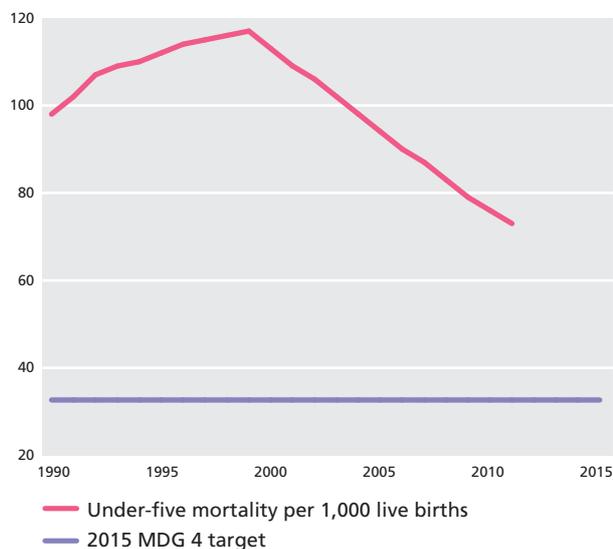
Burden of disease: Communicable diseases along with maternal, perinatal and nutritional conditions in Kenya accounted for an estimated 62% of all mortality in 2008. The prevalence of HIV in Kenya, as a percentage of population aged 15–49 years, was 6% in 2011. In the period 1990–2011 the overall prevalence of HIV has risen and is now approximately three times that of 1990, although it has been falling since a peak in the mid-1990s. Between 2002 and 2011 the number of confirmed cases of malaria rose significantly whereas confirmed deaths from the disease fell in the same period, with the most dramatic decline occurring since 2010. Estimated incidences of tuberculosis (TB) almost tripled in the period 1990–2010, whereas estimated mortality (when mortality data excludes cases co-morbid with HIV) fell in the same period. There were 11,425 reported cases of cholera, 1,305 reported cases of rubella and 1,218 reported cases of measles in 2009.

Non-communicable diseases (NCDs) in Kenya accounted for an estimated 29% of all mortality in 2008. In 2008 the most prevalent NCDs were cardiovascular diseases (12%). Cancers, non-communicable variants of respiratory diseases and diabetes contributed 6%, 3% and 2% to total mortality respectively (2008).

Health systems: Kenya's public spending on health was 1% of GDP in 2009, equivalent to US\$37 per capita. In the most recent survey conducted between 1997 and 2010, there were 14 doctors and 118 nurses and midwives per 100,000 people. Additionally, 44% of births are attended by qualified health staff (2007–12), and 87% of one-year-olds are immunised with one dose of measles (2011). In 2010 59% of the country's population was using an improved drinking water source and 32% had access to

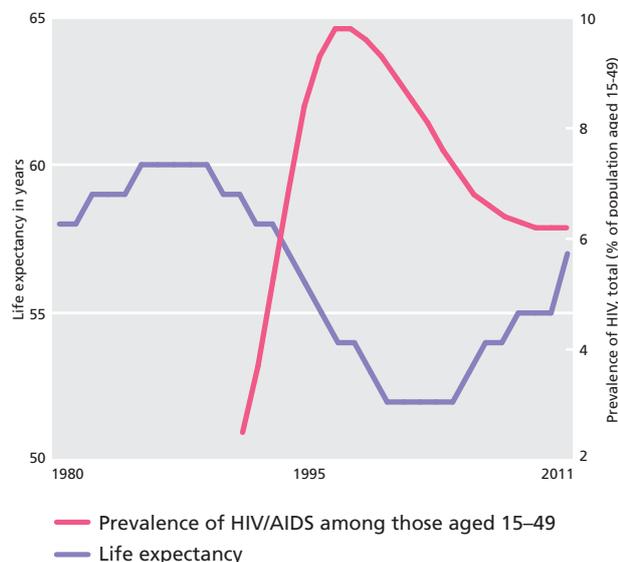
GRAPH 1

Under-five mortality



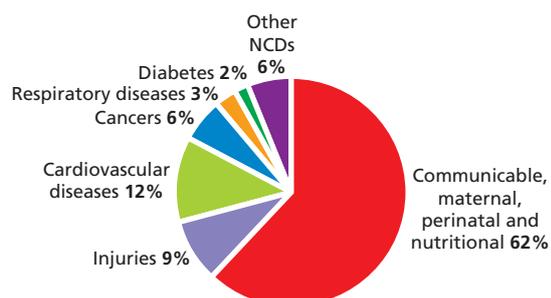
GRAPH 2

Life expectancy and HIV/AIDS



GRAPH 3

Mortality by cause of death (% of all deaths), 2008



OGRA Foundation



Giving Hope, Saving Lives

OGRA Foundation is a not-for-profit, charitable non-governmental organisation registered in Kenya in 2005.

OGRA's mission is to promote and improve the health and wellbeing of local communities by pursuing an integrated socio-economic approach.

OGRA achieves its mission by implementing projects based on five pillars:

- Disease Prevention and Treatment
- Maternal and Child Health
- Health Systems Strengthening
- Community Empowerment
- Disaster Preparedness and Emergency Response

The projects are conceived based on priorities identified by local communities. During implementation, OGRA uses a partnership approach with existing government structures such as health facilities, community units, ministries and schools to strengthen structures in the process of implementing these projects.

OGRA's activities are currently guided by a five-year strategic plan, 2012-2017.

Contact

OGRA Foundation
Milimani Estate, Behind Central Primary School
P.O. BOX 3050-40100, Kisumu, Kenya

Tel: +254 20 233 3249 • +254 713 777 513
+254 723 870 928

Fax: +254 20 233 3625

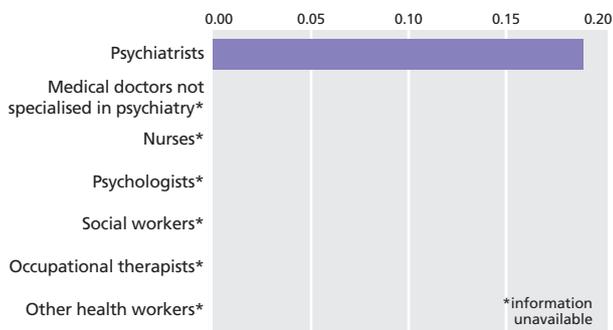
E-mail: info@ografoundation.org

www.ografoundation.org

OGRA believes in innovation, collaboration and partnership, community participation, stewardship and integrity.

GRAPH 4

Health professionals working in the mental health sector per 100,000 of the population



adequate sanitation facilities. The most recent survey, conducted in the period 2000–11, reports that Kenya has ten pharmaceutical personnel per 100,000 people.

The public sector provides around half of all healthcare in Kenya. Kenyatta National Hospital in Nairobi is the country's major hospital. Other hospitals include Mombasa Hospital and Aga Khan Hospital, and private hospitals include Nairobi Hospital, Karen Hospital, Diani Beach Hospital and The Mater Hospital. Kenya is the largest producer of pharmaceutical products in the Commonwealth for the eastern and southern Africa region. The local pharmaceutical industry in Kenya consists of three segments, namely manufacturers, distributors and retailers. Local manufacturing caters to about 30% of the market demand and the rest is fulfilled by imports.

Progress towards the 2015 health MDGs: Kenya is currently working towards achievement of the Millennium Development Goals. To achieve the targets for the reduction of child mortality, which forms MDG 4, Kenya should reduce under-five deaths per

1,000 live births to 33, and increase measles immunisation to 100% by 2015. In 2011 under-five mortality stood at 73 deaths per 1,000 live births and measles immunisation at 87%. This suggests that Kenya still has a long way to go towards achieving MDG 4, and it is unlikely to do so by 2015.

The global MDG 5 target for maternal health is to reduce the number of women who die in pregnancy and childbirth by three-quarters between 1990 and 2015. When applying this target to Kenya, the maternal mortality should fall to 100 cases per 100,000 live births. In the period 2007–11 Kenya had a reported maternal mortality ratio of 490 deaths per 100,000 live births (this figure was estimated at 360 deaths per 100,000 by UN agencies/World Bank in 2010). Based on the data reported by the country, there is a long way to go in achieving this target. Part of the goal also stipulates that 100% of births must be attended by a skilled health professional. In the period 2007–12 this figure stood at 44%, so progress towards this target is also off track.

MDG 6 aims for a reduction in the prevalence of HIV, malaria and other diseases. HIV prevalence in Kenya is high and there has been little significant reduction since 2005. Kenya continues to have a high level of TB incidence and mortality (when mortality data excludes cases co-morbid with HIV), although confirmed deaths from malaria have fallen significantly. Overall, dramatic progress in this arena is required if the country is to come close to achieving MDG 6.

For definitions, sources and explanations on the Millennium Development Goals see page 355.

Further information

Ministry of Public Health and Sanitation:
www.publichealth.go.ke

Ministry of Medical Services : www.medical.go.ke

Commonwealth Health Online:
www.commonwealthhealth.org/health/africa/kenya